



PROPOSAL REQUEST FORM

Fax: (951) 509-2399 | Email: YouthInfo@seccsda.org

Contact Information

Contact Person: _____

Phone: _____ Email: _____

Organization/Church: _____

Program Information

Program Name: _____ Program Date: _____

Program Description: _____

Goal of the Program: _____

Budget Request

Total Budget of Program: \$ _____ Amount Requested from SECC: \$ _____

Other Sources Funding & Amount: _____

If these funds are granted, how will they be spent? _____

Thank you for your request! We will be in contact with you regarding your proposal within two weeks of submission.

Please send content you would like posted on our social media channels to PostThisYM@SeccSDA.org.

We would love to see and hear about your program. Please contact us afterwards to share with us how it went!